

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-23646
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 8055

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other injection	7. Lease Name or Unit Agreement Name North Vacuum Abo Unit
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Well No. 146
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	9. Pool name or Wildcat Vacuum;Abo, North
4. Well Location Unit Letter B : 534 Feet From The North Line and 2134 Feet From The East Line Section 14 Township 17S Range 34E NMPH Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

Repair Well and return well to injection:

1. MIRU WSU. Kill well as necessary. Latch out of permanent packer
2. POH with injection tubing.
3. PU and RIH with RBP and test packer. Test casing. POH with test packer.
4. Squeeze casing as necessary. Drill out cement, circulate wellbore clean
5. POH with RBP.
6. RIH with injection tubing, circulate packer fluid, latch onto permanent packer. Test casing.
7. Notify NMOCD for MIT test.
8. RDMO WSU, RWTI.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE D. C. Howard TITLE **Regulatory Specialist** DATE **02/06/2001**
TYPE OR PRINT NAME **Dolores O. Howard** TELEPHONE NO. **(713) 431-1792**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: